

Statement of Organization - Party Committee

Amendment

☐ Yes☐ No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information

| | |
|---|-------------------|
| a. Full Name | c. ID Number |
| | |
| b. Mailing Address (include City, State and Zip Code) | d. Date Organized |
| | |
| | e. Phone Number |
| | |

2. Party Information

| | |
|--------------------------------------|---------------|
| a. Type | b. Party Name |
| <input type="checkbox"/> National | |
| <input type="checkbox"/> State | |
| <input type="checkbox"/> Subordinate | |

3. Treasurer Information

| | |
|--|--|
| a. Full Name | a. Full Name |
| | |
| b. Mailing Address (include City, State, and Zip Code) | b. Mailing Address (include City, State, and Zip Code) |
| | |
| c. Phone Number | d. Email Address |
| | |

I prefer to receive notices by email ☐ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add☐ Remove

| | |
|--|------------------------------------|
| a. Full Name | a. Financial Institution Full Name |
| | |
| b. Mailing Address (include City, State, and Zip Code) | b. Purpose |
| | |
| c. Phone Number | d. Email Address |
| | |
| <input type="checkbox"/> Email copy of notices | |

6. Account Information (incl. CRO-3500)

☐ Add☐ Remove

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Printed Name of Signer

Signature of Appointed Treasurer

Date